

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

33705

318

1003

STATE FILE NUMBER

8114

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FESTUS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
23 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL				Length of stay in 1b		31 d. STREET ADDRESS (If outside, give location) 310 RUSSELL, AVE.	
3. NAME OF DECEASED (Type or print) First JOHN Middle M. Last JUDY				4. DATE OF DEATH Month 8 Day 27 Year 57			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 6, 1886	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICK LAYER				10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.		11. BIRTHPLACE (City and state or country) VICTORIA, MO.	
13. FATHER'S NAME JOHN JUDY				14. MOTHER'S MAIDEN NAME ELIZA SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. —		17. INFORMANT Mrs. Edith Judy Festus, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Pneumonia DUE TO (c) Subacute Bacterial Endocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 430.0							INTERVAL BETWEEN ONSET AND DEATH Indeterminate 3 times
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Crystal City, Mo.					
21. I attended the deceased from 8/17/57 to 8/27/57 and last saw her alive on 8/27/57 Death occurred at 11:00 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. H. Mayfield, M.D.				22b. ADDRESS Crystal City, Mo.		22c. DATE SIGNED 8/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-31-57		23c. NAME OF CEMETERY OR CREMATORY ROSELAWN GARDEN		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MISSOURI	
24. FUNERAL DIRECTOR Henry R. Pruitt, Crystal City, Mo.				25. DATE RECD. BY LOCAL REG. AUG 30 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Anthony R. Palitto

Licensed Embalmer No. *3*

P. O. Address *Crystal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.